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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/08)

Application Number
10/525,717

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AC FILED <i>2-15-06</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1								
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Total Indep	1								
Total Depend	3								
Total Claims	4								

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